

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003264

1. Entity Name
KIDTEST.COM L.C.

FILED

01 FEB 15 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
115 WEST OLYMPIA AVENUE
PUNTA GORDA FL 33951-1447

Mailing Address
P.O. DRAWER 511447
PUNTA GORDA FL 33951-1447

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3658350

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRAPER, MARK A
115 WEST OLYMPIA AVENUE
FARR, FARR, EMERICH, SIFRIT
PUNTA GORDA FL 33951-1447

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

7000003743537-4
-02/20/01--01083--014
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
OPERATING MANAGER/S/T
George C. Scheer
441 Valletta Court
Punta Gorda, FL 33950 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
OPERATING MANAGER/S/T
George C. Scheer
508 Port Bendres Drive
Punta Gorda, FL 33950 ☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: George C. Scheer GEORGE C. SCHEER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-7-01

Date

941-575-1429

Daytime Phone #

CR2E083 (11/00)